

CENTRE COLLEGE
EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize and request Centre College to make payment to any amounts owing to me by direct deposit to the bank authorized below.

I also authorize Centre College to debit my account for the purpose of correcting an erroneous payroll credit entry initiated by the College, provided I am notified of such corrections and the reason thereof.

Name of Bank _____

Type of Account _____ Checking _____ Savings

Routing # _____ Account # _____

It is understood that I may change my account by completing a new direct deposit form and submitting routing and account information to the Human Resources Office at Centre College, Attention: Meredith Sizemore. Any such notification to the College shall be effective only with respect to entries initiated by the College after receipt of such notification and a reasonable opportunity to act on it.

Please attach a voided check here.

Employee Name: _____
(please print)

Department: _____

Date: _____ Signature: _____